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CONFIRMATION NO. 7506

SERIAL NUMBER 10/763,540	FILING OR 371(c) DATE 01/23/2004 RULE	CLASS 600	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. UC1.PAU.32
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APPLICANTS

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**** CONTINUING DATA *******

This appn claims benefit of 60/442,220 01/24/2003

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
**** 04/28/2004**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
CA	5	44	3

10 RTT

ADDRESS
23386**TITLE**

Micro medical-lab-on-a-chip in a lollipop as a drug delivery device and/or a health monitoring device

FILING FEE RECEIVED 666	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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